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APPLICANTS

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** CONTINUING DATA ***** *D CLR No*** FOREIGN APPLICATIONS ***** *D CAW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>2-20-2006</i>	Examiner's Signature <i>2-20-2006</i>	Initials		

ADDRESS

38107

TITLE

LIMITED-ANGLE FREQUENCY-DISTANCE RESOLUTION RECOVERY IN NUCLEAR MEDICINE IMAGING

FILING FEE RECEIVED 1510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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